



February 13, 2009

SENATE BILL No. 554

DIGEST OF SB 554 (Updated February 11, 2009 4:21 pm - DI 104)

Citations Affected: IC 12-15; noncode.

Synopsis: Breast cancer screening and Medicaid eligibility. Adds additional providers to those who are authorized in the screening for breast or cervical cancer for individuals in determining the individual's eligibility for participation in Medicaid.

Effective: Upon passage; July 1, 2009.

**Becker, Delph, Gard, Wyss, Rogers,
Mishler, Charbonneau**

January 15, 2009, read first time and referred to Committee on Health and Provider Services.
February 12, 2009, amended, reported favorably — Do Pass.

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SB 554—LS 7103/DI 104+



February 13, 2009

First Regular Session 116th General Assembly (2009)

PRINTING CODE. Amendments: Whenever an existing statute (or a section of the Indiana Constitution) is being amended, the text of the existing provision will appear in this style type, additions will appear in **this style type**, and deletions will appear in ~~this style type~~.

Additions: Whenever a new statutory provision is being enacted (or a new constitutional provision adopted), the text of the new provision will appear in **this style type**. Also, the word **NEW** will appear in that style type in the introductory clause of each SECTION that adds a new provision to the Indiana Code or the Indiana Constitution.

Conflict reconciliation: Text in a statute in *this style type* or ~~this style type~~ reconciles conflicts between statutes enacted by the 2008 Regular Session of the General Assembly.

SENATE BILL No. 554

A BILL FOR AN ACT to amend the Indiana Code concerning Medicaid.

Be it enacted by the General Assembly of the State of Indiana:

1 SECTION 1. IC 12-15-2-13.5 IS AMENDED TO READ AS
2 FOLLOWS [EFFECTIVE JULY 1, 2009]: Sec. 13.5. (a) A woman:
3 (1) who is not eligible for Medicaid under any other section of
4 this chapter;
5 (2) who is less than sixty-five (65) years of age;
6 (3) who has been:
7 (A) screened for breast or cervical cancer through the breast
8 and cervical cancer screening program **or by another**
9 **provider** under the federal Breast and Cervical Cancer
10 Mortality Prevention Act of 1990 (42 U.S.C. 300k); and
11 (B) determined to need treatment for breast or cervical cancer;
12 (4) who is not otherwise covered under credible coverage (as
13 defined in 42 U.S.C. 300gg(c)); and
14 (5) whose family income does not exceed two hundred percent
15 (200%) of the federal income poverty level for the same size
16 family;
17 is eligible for Medicaid.

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1 (b) Medicaid made available to a woman described in subsection (a)
2 is limited to the duration of treatment required for breast or cervical
3 cancer.

4 SECTION 2. [EFFECTIVE UPON PASSAGE] (a) As used in this
5 SECTION, "office" refers to the office of Medicaid policy and
6 planning established by IC 12-8-6-1.

7 (b) The office shall apply to the United States Department of
8 Health and Human Services for a waiver or an amendment to the
9 state Medicaid plan necessary to allow women who have been
10 screened for breast or cervical cancer other than through the
11 federal Breast and Cervical Cancer Mortality Prevention Act of
12 1990 to be eligible for Medicaid if the other requirements are met
13 under IC 12-15-2-13.5, as amended by this act.

14 (c) The office may not implement the waiver or the amendment
15 to the state plan until the office files an affidavit with the governor
16 attesting that the waiver or amendment applied for under this
17 SECTION is in effect. The office shall file the affidavit under this
18 subsection not later than five (5) days after the office is notified
19 that the waiver or the plan amendment is approved.

20 (d) If the office receives a waiver or a state plan amendment
21 under this SECTION from the United States Department of Health
22 and Human Services and the governor receives the affidavit filed
23 under subsection (c), the office shall implement the waiver or the
24 state plan amendment not more than sixty (60) days after the
25 governor receives the affidavit.

26 (e) The office may adopt rules under IC 4-22-2 necessary to
27 implement this SECTION.

28 (f) This SECTION expires December 31, 2010.

29 SECTION 3. An emergency is declared for this act.

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COMMITTEE REPORT

Madam President: The Senate Committee on Health and Provider Services, to which was referred Senate Bill No. 554, has had the same under consideration and begs leave to report the same back to the Senate with the recommendation that said bill be AMENDED as follows:

Page 1, line 7, delete ";".

Page 1, line 7, reset in roman "through the breast".

Page 1, line 8, reset in roman "and cervical cancer screening program".

Page 1, line 8, after "program" insert "**or by another provider**".

Page 1, line 8, reset in roman "under the federal".

Page 1, reset in roman line 9.

Page 1, line 10, reset in roman "(42 U.S.C. 300k);".

and when so amended that said bill do pass.

(Reference is to SB 554 as introduced.)

MILLER, Chairperson

Committee Vote: Yeas 10, Nays 0.

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